

Indiana Medicaid Home and Community-Based Waiver Services

A Guide for Consumers Second Edition June 1, 2000

Information provided by:

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Note: This document has been edited to remove graphics. Charts and maps have been omitted but the information from them is available through a link or is present in the text.

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What Are Waiver Services?

In order to support the national trend toward providing home and community based services to people with disabilities, in 1981 the federal government created the Title XIX Home and Community-Based Services Program. Since this act made an exception to or waived traditional Medicaid requirements, it is referred to as a "waiver".

Medicaid waivers make Medicaid funds available for home and community-based services as an alternative to institutional care, under the condition that the overall costs of supporting individuals in the home or community is no more than institutional care for those individuals.

Indiana's waiver programs are expanding, although each has a fixed number of people that can be served. To apply for a Medicaid waiver, contact the local Area Agency on Aging (AAA) at 1-800-986-3505. Completed forms are prioritized on a waiting list by the date of the signed application.

The goals of waiver services are to provide meaningful and necessary services and support to the person receiving the services, to respect the person's personal beliefs and customs, and to ensure that services are cost-effective.

Waiver services help a person to:

- Become involved in the community where he or she lives and works;
- Develop relationships with people in that person's home and work communities;
- Develop skills to make decisions about how and where the person wants to live;
- Be as independent as possible.

Waiver programs may be expanded, new services added, and changes made based on legislative action or administrative decisions that can occur when waivers are going through the renewal process, or at other times. If the information you receive from your case manager or from the AAA differs from this booklet, it may be because of actual changes, or because the person you asked isn't aware of the correct answer. It is always best to check further before relying on information you receive from any source. This booklet was revised and reviewed by a group that involved advocates, Council members/staff and Division of Disability Aging, and Rehabilitation Services (DDARS) staff including the Bureau of Aging and In-Home Services, Medicaid Waiver Unit, the Bureau of Developmental Disabilities Services and Office of Medicaid Policy and Planning.

This booklet describes the variety of home and community-based services funded by various programs in Indiana. It also explains the application process, consumer rights, the quality assurance process, how to choose a provider and lists additional resources for information or assistance.

To receive additional copies of the booklet or suggest changes for the next edition, contact the Governor's Planning Council for People with Disabilities at the address on the front cover. If you have questions about the waivers themselves or your position on a waiting list contact your local AAA, BDDS, or the Medicaid Waiver Unit. Below is an overview of the five waiver programs available in Indiana.

Indiana Medicaid Home and Community-Based Waivers

1. Aged and Disabled Waiver - established 1990

Eligibility Criteria

Aged or Disabled
Nursing Facility Level of Care
(Parental income and resources disregarded for children under 18)

Services Provided

| | |
|---------------------------|--------------------|
| Adaptive Aids and Devices | Adult Day Care |
| Attendant Care | Case Management |
| Home Delivered Meals | Home Modifications |
| Homemaker | Respite Care |

Waiting List Contact Number- Area Agency on Aging 800-986-3505

2. Autism Waiver - established 1990

Eligibility Criteria

Diagnosis of Autism
ICF/MR Facility Level of Care
(Parental income and resources disregarded for children under 18)

Services Provided

| | |
|------------------------------------|-----------------------------|
| Adult Day Care | Assistive Technology |
| Case Management | Environmental Modifications |
| Family & Caregiver Training | Habilitation Services |
| Personal Assistance | -Day-Group |
| Occupational Therapy | -Pre-Vocational Services |
| Physical Therapy | -Supported Employment |
| Personal Emergency Response System | -Day-Individual |
| Respite Care-Behavior Management | -Residential-Based ADL |
| Speech & Language Therapy | Supported Living Services |
| Transportation | |

Waiting List Contact Number Medicaid Waiver Unit 800-545-7763 Ext. 2-7122

3. ICF/MR Waiver -established 1992

Eligibility Criteria

Developmentally Disabled
ICF/MR Facility Level of Care
(Parental income and resources disregarded for children under 18)

Services Provided

| | |
|------------------------------------|-----------------------------|
| Adult Day Care | Assistive Technology |
| Case Management | Environmental Modifications |
| Family & Caregiver Training | Habilitation Services |
| Occupational Therapy | -Behavior Management |
| Personal Assistance | -Day-Group |
| Personal Emergency Response System | -Day-Individual |
| Physical Therapy | -Pre-Vocational Services |
| Respite Care | -Residential-Based ADL |
| Speech & Language Therapy | -Supported Employment |
| Supported Living Services | |

Waiting List Contact Number Area Agency on Aging 800-986-3505

4 . Medically Fragile Children's Waiver- established 1992

Eligibility Criteria

Medically Fragile Children - Birth-Under Age 18

SNF/Hospital Level of Care

(Parental income and resources disregarded for children under 18)

Services Provided

Attendant Care

Case Management

Environmental Modifications

Respite Care

Waiting List Contact Number Medicaid Waiver Unit 800-545-7763 Ext. 2-7122

5. Traumatic Brain Injury Waiver -established 2000

Eligibility Criteria

Diagnosis of Traumatic Brain Injury

Nursing Facility Level of Care

(Parental income and resources disregarded for children under 18)

Services Provided

Adult Companion Services

Case Management

Environmental Modifications

Homemaker

Occupational Therapy

Habilitation

Personal Care

-Behavior Program/ Counseling/Training

Personal Emergency Response Systems

-Independent Living Skills Training

Physical Therapy

-Prevocational Services

Residential Care/Community Res. Services

-Structured Day Program

Respite Care

-Supported Employment

Specialized Medical Equipment and Supplies Speech/Hearing/Language Therapy

Waiting List Contact Number Area Agency on Aging 800-986-3505

Who Is Eligible For Waiver Services?

You must meet eligibility guidelines for "regular Medicaid" (also called the "state plan") in order to qualify for a Medicaid waiver. In fact, you must also apply for and be accepted by regular Medicaid before you may receive waiver services (for people on waivers parental income is not counted for children under 18). You must also meet the criteria required for admission into a long-term care facility, state institution or group home.

When you are targeted for the waiver (notified you have been chosen), you may contact your AAA Case Manager for assistance in applying for regular Medicaid. Application for regular Medicaid should be made at a local County Division of Family and Children with a Medicaid Caseworker.

When you apply for regular Medicaid, documented evidence of income (i.e. paychecks, child support, Supplemental Security Income (SSI), Social Security, etc.) and assets/resources (checking and/or savings accounts, life insurance, property, stocks, etc.) of the applicant is required. For children under 18 on a waiver parental income and resources are disregarded. Only items actually owned by the child and the child's income will be considered; parents or guardians are not required to disclose their own income. Medicaid has an eligibility limit of \$1,500 for owned assets for a single person. For adults, income eligibility will vary depending on the income amount and number of dependents a person has.

You may be eligible for more than one waiver, and should apply for all that are appropriate. For example, anyone applying for the Autism waiver should also apply for the ICF/MR waiver. Although a person may only be served by one waiver at a time, some waiver waiting lists are shorter than others.

What Services Are Available Through The Waiver ?

There are many different services that may be provided on a waiver. The type of service(s) you may receive will depend on which specific waiver program you are on, your individual needs, the services you choose, and if the service is cost-effective. Different waivers may have different names for services that are the same or nearly the same. Specific allowable activities may vary from waiver to waiver.

Your case manager will assist in explaining when and how you can use a service, and if it is available and cost effective. They will also explain any service limitations, and provide the names of agencies and individuals where the services are available. See: What Is Informed Choice? and How Do You Select Good Providers?

Information on how to obtain waiver services is provided later in this booklet. The following pages describe the home and community-based services that are available through the waiver programs. Unless otherwise specified, the services apply to all waivers.

Description Of Waiver Services

Adaptive Aids and Devices/Assistive Technology/Specialized Medical Equipment: Devices (communications equipment, computer adaptations, etc.), vehicle modifications, wheelchairs, environmental controls, safety restraints, or other equipment that increase the individual's independence. (All Waivers except Medically Fragile Children)

Adult Companion: Non medical care, supervision and socialization. May include light housekeeping tasks performed which are incidental to care and supervision. (Traumatic Brain Injury only)

Adult Day Care: Integrated supervision, care, assistance, training, and age-appropriate activities to help a person become involved in the community and have meaningful social experiences. (Aged and Disabled, ICF/MR, and Autism only)

Behavior Management/Behavior Programming/Counseling and Training: Training, supervision, and assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors. (ICF/MR, Autism, and Traumatic Brain Injury only)

Case Management: Help to locate, coordinate, and monitor waiver services, as well as other services, needed to meet the specific needs of the person and his or her family. (All Waivers)

Day Habilitation: Regularly scheduled activities that focus on training to enhance social and daily living skills apart from the individual's living arrangement. The person must have an Individual Program Plan(IPP) listing goals and objectives. (ICF/MR, Autism, and Traumatic Brain Injury only)

Family and Caregiver Training: Service provides identified training and education related to disabilities, community integration, parenting, family dynamics, stress management, behavior interventions and mental health to a parent, other family members or primary caregiver. (ICF/MR and Autism only)

Home-Delivered Meals: Provides meals to individuals unable to prepare their own meals, and for whom there are no other persons available to do so. Limited to one meal per day. (Aged and Disabled only)

Home/Environmental Modifications: Necessary adaptations to the home that ensure the health, safety, and welfare of the individual, and enable the individual to function with greater independence in the home. There is a lifetime cap of \$5,000 for Aged and Disabled and \$10,000 for all other waivers. (All Waivers)

Homemaker: General household activities that are provided when the person or an informal caregiver is unable to manage the home. (Aged and Disabled and Traumatic Brain Injury only)

Independent Living Skills Training/Residential-Based Habilitation/ADL: Goal-oriented activities aimed at assisting the individual to acquire, retain, or improve skills that directly affect the ability to reside as independently as possible in the community. The person must have an Individual Program Plan (IPP) listing goals and objectives.(ICF/MR, Autism, and Traumatic Brain Injury Waiver only)

Occupational Therapy: Evaluation, treatment, and training programs, including design, fabrication, and adaptation of materials and equipment to meet individual needs in assisting independence. (ICF/MR, Autism, and Traumatic Brain Injury only)

Personal Care/Attendant Care/Personal Assistance: Assistance to meet daily living needs and to ensure adequate functioning in a community-based setting. Some allowable activities include assistance with dressing, eating, bathing, personal hygiene, activities of daily living, meal preparation, and household chores. (All Waivers)

Personal Emergency Response System: An electronic device that enables the individual to secure help in case of an emergency. (All Waivers)

Physical Therapy: Treatment and training designed to preserve and improve abilities for independent functioning, such as gross motor skills, fine motor skills, range of motion, strength, muscle tone, and mobility. (ICF/MR, Traumatic Brain Injury, and Autism only)

Pre-Vocational Services: Preparation for paid or unpaid employment, through activities that are not job-task oriented. (ICF/MR, Autism, and Traumatic Brain Injury only)

Residential Care/Community Residential Services: Hands on assistance and supervision with physical needs, support services, and incidental home care tasks. (Traumatic Brain Injury only)

Respite Care: Periodic, short-term care to a person when the family member or the primary caregiver cannot be there, or needs rest from his or her responsibilities. Does not include "child care" to enable caregivers to work. (All Waivers)

Speech and Language Therapy: Service seeks to improve, maintain, or slow regression of the ability to communicate. (ICF/MR, Traumatic Brain Injury, and Autism only)

Supported Employment: Needed supports for individuals to establish and maintain employment in work settings in which people without disabilities are employed. (ICF/MR , Traumatic Brain Injury, and Autism only)

Supported Living Services: Service is designed to assist individuals who live in their own home, apartment, or family home, by providing training and/or support to live independently in the community. (ICF/MR, and Autism only)

Transportation: Service is limited to transporting individuals on the Autism waiver "to" and "from" waiver habilitation services. (Autism only)

What Other (Non-Waiver) State In-Home Services Are Available?

The Medicaid waiver recipient may also be eligible for other programs and services beyond the scope of the waiver. These services may be used while waiting for a waiver or to help supplement a waiver. People not eligible for a waiver may also be able to access these services. Some of the services available are listed below.

Regular Medicaid: Since the waiver recipient is also enrolled in regular Medicaid, both programs are used to meet the person's needs. A Medicaid case worker at the local County Division of Family and Children can provide more comprehensive information about services available and limitations of the program. A brief list of regular Medicaid services includes (but is not limited to) the following:

- | | |
|--|---|
| -inpatient, outpatient and emergency hospital | -family planning services and supplies |
| -physicians durable medical equipment and supplies | -nursing facility/long term care home health services |
| -rural health clinics and health centers | -other care services (PT, OT, speech, etc.) |
| -lab and X-ray prescribed drugs | -mental health services |
| -dental services | -nurse practitioners |
| -psychiatric hospital (under 21 and over 65) | -EPSDT (under age 21) |
| -prosthetic devices | -eyeglasses |
| -diagnostic/screening/preventative | -rehabilitation |
| -case management for select individuals | -hospice care |
| -transportation | |

Family Subsidy Program: Provides limited financial support for families to keep the family member with developmental disabilities (DD) in their natural home. Family members can access assistance such as respite care, emergency medical supports, and assistive technology support. For more information, contact the Bureau of Developmental Disabilities Field Service office in your area.

CHOICE: A state-funded program that provides support to both the elderly and people with disabilities. In-Home Services such as respite care, home modification, personal assistance and other services can be accessed. For more information contact your local Area Agency on Aging.

Householder Services: Specialized foster care for children and adults with developmental disabilities. For program eligibility requirements contact your local Bureau of Developmental Disabilities Field Service office.

State Funded Supported Living Services: An array of residential services that allow individuals with developmental disabilities to be supported in their own homes. State funds may be used when other funds are not available, for example, if eligibility for a Medicaid waiver is lost. For more information or to apply, contact the Bureau of Developmental Disabilities Field Service office in your area.

Department of Education Wrap Around Support: Supports children served in special education who, because of their disability, are having difficulty maintaining academic placement. A wide variety of services can be accessed under this program, but are subject to individual approval of the Department of Education. For more information or to apply, contact the Special Education Director at your local school corporation.

Employment Supports: A wide range of supports are available for persons seeking employment who have a disability. For more information, contact your local Vocational Rehabilitation Services' office.

Where Can You Live And Receive Waiver Services?

Waiver services are individually tailored supports that enable people to live successfully in home and community based settings. These settings include:

Family Home: A person living in his or her family home, or in the home of his or her extended family or guardian, can receive waiver services. The services can support the family as well as help the person develop and maintain daily life skills, and become more involved in the community where he or she lives.

House/Apartment: A person can live in his or her own home with or without a housemate(s) and receive waiver services. "Own home" means a home that is not licensed as a foster home or as an ICF/MR. An example of a person's own home may include an apartment, a house, etc.

Foster Care/Householder: A person with a developmental disability can live in a specialized foster care home. For adults this program is approved and monitored by the Bureau of Developmental Disabilities Services (BDDS). For children the program is approved and monitored by BDDS and the Division of Family and Children.

How Do You Apply For Waiver Services?

To apply for a Medicaid waiver, contact your local Area Agency on Aging (AAA) office and ask for a Medicaid waiver intake case manager. If you are a person with developmental disabilities moving from a facility or group home, contact the Bureau of Developmental Disabilities Services' (BDDS) office. An application must be signed by the person or their guardian. Most programs have a waiting list. The date of your application will determine your position on the waiting list. Be sure to keep a copy of your application for documentation purposes.

Your intake case manager will work with you throughout the application and approval process, acting as the interface between the applicant and the various state agencies involved. In addition to applying for the Medicaid waiver, once "targeted" for a waiver, applicants not already on Medicaid must also apply for regular Medicaid at their local County Department of Family and Children. Contact the AAA case manager for assistance with this process.

What Is Level Of Care?

One of the variables used to determine your eligibility to receive home based care under a Medicaid waiver is your need for care in a nursing home, a hospital, or in the case of a person with a developmental disability, an Intermediate Care Facility for the Mentally Retarded, or group home. Waiver services are reserved for persons who would require placement /be eligible for placement in an institutional setting if they do not receive waiver services along with other community supports. (Waiver services, together with other community-based services, replace institutional care.) The Area Agency on Aging will coordinate, along with other professionals, the assessment of your need for the level of care provided in a facility or group home.

Level of Care determination is based on medical, functional, and/or developmental information. If you meet the level of care required for placement in a facility, you meet the level of care for waiver services as well. Level of care status is reviewed annually to determine your continuing eligibility for waiver services. If you disagree with the decision regarding your level of care, you may request a hearing to appeal the decision.

What Is The Process?

There are 15 steps to take:

1. The applicant contacts the Local Area Agency on Aging (AAA) to apply for a Medicaid Waiver. *
2. The AAA Case Manager completes intake and application forms within 15 days and places applicant on appropriate list to wait for a waiver "slot". **
3. The Medicaid Waiver Unit notifies the AAA when a waiver slot is available.
4. AAA reviews waiting lists, identifies applicants & contacts both applicant and, if required, the Bureau of Development Disabilities (BDDS) within 3 working days. This is the date the applicant is "targeted" for the waiver.
5. The AAA Case Manager arranges for the completion of an evaluation and a physical examination within 7 calendar days of the "target date".
6. The applicant participates in the evaluation and physical examination. If they haven't already applied for Regular Medicaid, now is the time to do so.
7. The AAA Case Manager gathers the evaluation reports and the physical forms and puts them together in what is called the "Level of Care Packet". The Packet is submitted to the Office of Medicaid Policy and Planning (OMPP) Level of Care Unit within 40 calendar days of the applicant's "target" date. The AAA Case Manager also obtains the applicant's medical status information.
8. The OMPP Level of Care Unit reviews the Packet, makes a Level of Care determination, and forwards it to the Medicaid Waiver Unit within 3 working days.
9. The Medicaid Waiver Unit forwards the Level of Care determination to the AAA Case Manager within 2 working days.
10. The AAA Case Manager works with the applicant to select a Waiver case manager (either AAA or an independent case manager). If an independent case manager is selected, the AAA Case Manager still has a bureaucratic role in the ongoing waiver process.
11. If the applicant has selected independent case management, now is the time to get them involved. Work with the chosen case manager (AAA or independent) to select services and service providers and develop the Plan of Care. The Plan of Care should be forwarded to the AAA Case Manager when completed.
12. The Plan of Care and the Cost Comparison Budget will be submitted by the AAA Case Manager to the Medicaid Waiver Unit within 50 calendar days of the applicant's "target" date.
13. The Medicaid Waiver Unit reviews and processes the Plan of Care and Cost Comparison Budget. Approval or denial is determined, and the Plan Of Care is returned to the AAA Case Manager within 3 working days.
14. The AAA Case Manager completes a Notice of Action Form approving/denying waiver services within 60 calendar days of the applicant's "target" date and sends it to the applicant and to service providers.
15. Service Providers contact the applicant and the approved SERVICES BEGIN.

*People with Developmental Disabilities moving from a facility, including a group home, should contact the Bureau of Developmental Disability Services at 800-545-7763 ext. 2-7842 .

**Contact your case manager if time frames are not met.

What Is Person Centered Planning?

The operational definition of person centered planning for people with developmental disabilities is:

Person centered planning is a process whereby persons with developmental disabilities and their families direct the planning and allocation of resources to meet their own individual life goals.

This personal life plan:

- Should be based on a person's preferences, dreams and needs;
- Understands how a person makes decisions;
- Understands how a person is and can be productive;
- Discovers what the person likes and dislikes;
- Understands a person's preferences;
- Encourages and supports long-term hopes and dreams;
- Understands what supports are needed for this lifestyle;
- Is supported by a short-term support plan based on reasonable costs given the person's support needs;
- Includes a range of responsibility;
- Includes a range of supports including funded and community natural supports; and
- A person centered plan should be developed and updated annually.

What Is A Plan Of Care?

A Plan of Care should be developed using a person centered planning approach. Based upon the person centered plan, results of the initial assessment of the person's individual needs, or the annual assessment of individual needs, a team develops a comprehensive Plan of Care. This plan is based on the services and providers chosen by the person and the legal representative, if any.

The team consists of the applicant/guardian, the case manager, friends and other people you choose to be involved in the planning process and any providers selected for services.

The Plan of Care includes:

- Identification of necessary services and supports, including total hours and costs;
- Documentation of what services will be provided;
- Selection of providers for each service, and;
- Documentation of unmet needs and how they will be addressed.

What Is Informed Choice?

Informed choice means the person, family, or legal guardian makes a voluntary decision after becoming familiarized with the alternatives. Once a person is chosen (or "targeted") to receive a waiver slot, is Medicaid eligible, and has met level of care approval, the person or the legal guardian, if any, will be asked to formulate a plan of care.

People are asked to make informed choices about:

The type of service option they want to receive;

How much of each service they need;

From which approved provider they want to receive the services, and;

Whether to continue to use the AAA case manager or select an independent case manager.

A list of certified waiver providers, including independent case managers is available from the AAA office. You can also find information on providers on the Internet at <www.TheArcLink.org>

You may be able to make an informed choice by reading information, such as this brochure, or by discussing alternatives with the case manager, or an advocate. You may want to visit a home where waiver services are provided, meet with a service provider, or speak with other people who are receiving services. You may want to meet with more than one service provider. Case managers can assist in setting up visits or meeting with service providers.

During the provider screening process, the intake case manager will assist in determining eligibility. However, the type of service is always a decision made by the person/family. There may be options available other than waiver services, such as those already described in this manual.

All services provided under the waiver, including ongoing case management, are subject to choice by each person served. If at any time you are dissatisfied with services provided by any of the above, you have the right to change to a different provider as long as they are certified by the Medicaid program for your area. **If a provider decides to discontinue services to you, they must give you a thirty day written notice.** The process is designed to be flexible to meet peoples' changing needs. If things are not going as you hoped, it may be time to consider a change to your plan, or in one or more of your providers. Freedom of choice is the most important right guaranteed under the waiver program. Exercising your freedom of choice is the best way to guarantee you receive the services that you need.

How Do You Select Good Providers?

Selecting good providers is critical. It's helpful to think about the issues that are important to you/your family member before you begin the process. On the following pages are some questions to consider when selecting waiver providers. Which questions you ask will depend on what kind of service it is, and whether the person being served lives in the family home, or an apartment with or without housemates. Many of the questions are applicable to any setting, and others can be skipped or modified as needed. Information on providers is also available at: <www.TheArcLink.org>.

If you visit a house or apartment where waiver services are being provided, please remember that you are visiting someone's home. When meeting with providers or case managers, it is important to take notes, because it is too easy to forget details later. Ask for copies of any written materials, write down names, titles, etc., and the date of the meeting. It's important to maintain accurate information.

General Topics to Discuss with Service Providers and Case Managers

- 1) Discuss all areas of service that are absolute requirements for you such as; medications always administered on time, 24 hour direct supervision, sign language training, etc.
- 2) What makes your family member happy? What causes her/him pain? How will the provider maximize opportunities for the first, and minimize or eliminate instances of the second?
- 3) What things do you want to have happen for your family member? A job? Member of a church? How many housemates? Living within a half hour drive of you? What others? Are these wishes or requirements?
- 4) What are the risks you see for your family member? For example, daily seizures, no street safety skills, does not talk or use sign language, forgetful, hits others when angry. How will agency deal with those risks?

Specific Questions to Ask a Waiver Case Manager

- 1) What is your experience working with people with disabilities or elderly?
- 2) How would you ensure the implementation of my person-centered plan?
- 3) What connections have you established in my community? How would you assist me in building a support system in my community?
- 4) In what capacity do you see yourself fitting into my team of family and friends, and with each of the service providers that I have chosen?
- 5) What, and how often, would you routinely communicate with me and other team members? How do you approach, negotiation and conflict resolution among team members?
- 6) Can I page you in the event of an emergency?
- 7) How often would you expect to see me/my family member each month?

Questions For Consumers And Families to Ask Prospective Service Providers

- 1) What is the provider's mission? Does it match the intent you are seeking?
- 2) Is the provider certified, accredited, or licensed? What are the standards of service?
- 3) What kind of safety measures does the provider have to protect and assure treatment?
- 4) How does the provider assure compliance with patient rights? Are consumers and families given copies of their rights, as well as explained these rights?
- 5) Is the provider interested in what you or your family member wants or dreams about?
- 6) Is the provider connected to other programs that your family member may need, such as day support, local school/education services, or work programs? How are they connected?
- 7) What are the policies about family vacations and trips? Will a staff person go with the family? If the person is to live in a home shared with other people that receive waiver supports, can families drop in whenever they wish?
- 8) How are holidays, birthdays, vacations, special events handled?
- 9) How would family member's money issues be handled?
- 10) How would minor illness and injuries be handled? Major illnesses/injuries?
- 11) What kind of things are routinely reported to families?
- 12) How are complaints handled? Are there written policies and procedures? Is there someone else who family members can talk to if there is a disagreement?
- 13) How are behavior problems handled?
- 14) How is medication handled? What happens if medication is refused?
- 15) What is the smoking policy?
- 16) Do staff actively encourage socially acceptable behavior?
- 17) How are planning meetings scheduled & conducted, and who attends? Are families included? Can a family member call a meeting? How do you assure that what is agreed on in the meeting actually is provided?
- 18) Who would your contact be, and how will that contact occur, and how often? Is someone available 24 hours a day in case of emergencies?
- 19) How many individuals have you terminated from services? Why? What happened to them?
- 20) Have you had any abuse/neglect allegations? What were the outcomes?
- 21) What challenges do you think my family member will create for you?
- 22) What does the provider describe as their strengths and weaknesses?
- 23) What is the process for hiring staff? Are background checks conducted?
- 24) How are direct staff supervised? What training does the staff receive? What is the average experience or education of staff?
- 25) How is staff covered if regular staff is ill? What happens if someone does not show up for their scheduled time? Has this ever happened? How often does it happen?
- 26) What is your staff turnover rate? How are staff respite needs handled?

27) What kind of support system do staff have? Who can they call if a problem develops?

What to Look For or Ask About on Visits to Supported Living Settings

- 1) How do the staff and housemates interact? Do they seem to respect and like each other?
- 2) Does the environment look comfortable? Is there enough to do?
- 3) What kind of food is available and who picks it? Are choices encouraged, available? Are diets supervised?
- 4) Do people have access to banks, shops, restaurants, etc? How is transportation handled? Are trips to access these resources planned or on an as needed basis?
- 5) Is there a telephone available to housemates (with privacy)? Is the telephone accessible (equipped with large buttons, volume control, other access features if needed) ?
- 6) Do people have their own bedroom? Are they individually decorated?
- 7) Do housemates seem to get along well? What happens when they don't?
- 8) Are there restrictions on personal belongings? What are the procedures for lost personal items? Are personal items labeled?
- 9) Are pets allowed? Are there any rules regarding pets?
- 10) How much time is spent in active learning (neighborhood, home or community) and leisure activities? Is there a good balance with unstructured time?
- 11) Is there evidence that personal hygiene and good grooming (hair, teeth, nails, etc.) are encouraged?
- 12) How are personal need items, clothing, etc. paid for?
- 13) Do people have privacy when they want to be alone or with a special friend?
- 14) Do people in the program belong to churches, clubs, community groups, etc?
- 15) Do staff knock on housemate's doors (and wait for a response) before entering a private room?
- 16) What kind of rules are there within the living situation? What are the consequences for breaking the rules?

What Is The Quality Assurance Process?

The Division of Disability Aging and Rehabilitation Services (DDARS) supports a number of quality assurance efforts on behalf of people who receive waiver services.

The Bureau of Aging and In-Home Services (BAIHS):

Under contract with the 16 Area Agencies, the Quality Improvement Program (QIP) surveys quality of services from the consumers' perspective. Surveys are made of all people with developmental disabilities (DD) leaving large institutions for waiver services, as well as a random sample of 5-10% of all other people receiving in-home services including waivers. Providers get feedback to improve services and immediate intervention for critical problems.

The Developmental Disabilities Ombudsman (1-800-622-4484), handles calls from consumers and families with concerns and problems about their waiver services.

The Medicaid Waiver Unit's Quality Assurance Coordinator works with consumers, advocates, Area Agencies, OMPP, and BDDS to review surveys, analyze data and coordinate efforts to improve the quality of services.

The Bureau of Developmental Disabilities (BDDS):

All providers of developmental disability services in community settings, including waiver services, must file an incident report with BDDS Central Office when a critical incident occurs. BDDS establishes definitions of what constitutes critical, reportable incidents. BDDS maintains a data base of incidents and follows up on all incidents not resolved within 30 days.

DDARS contracts with the Center for Outcome Analysis (COA), to provide a comprehensive assessment of all people leaving large facilities. Assessments are done three times the first year and then annually. BDDS staff responds immediately to critical "red flag" items that are identified through the COA reports. In most cases, BDDS staff are already aware of "red flag" items, but this provides a double check of the monitoring system. COA reports also provide on-going statistical information regarding consumer satisfaction across the system.

BDDS staff also responds to Quality Assurance "red flag" items that are identified by the level of care unit in the Office of Medicaid Policy and Planning. In most cases, BDDS staff are already aware of "red flag" items, but this provides a double check of the monitoring system.

BDDS Service Coordinators and Quality Monitors are located in District Offices across the state. They investigate and resolve complaints from incident reports, consumers, families and other sources. They visit people who receive waiver services and conduct annual surveys on quality of life outcomes. The survey will eventually include all people receiving supported living services. In addition, they offer education and technical assistance to providers.

Note: People with disabilities and families are not required to participate in quality assurance surveys and assessments. While these processes have been designed to protect people and increase the responsiveness of the service delivery system, people may elect to opt out of the process if they wish.

How Are Services Monitored?

FSSA requires any agency or individual providing care through the waiver program, to meet certain standards. For example, an individual providing Homemaker Services must have completed a special training module for Homemaker Services, have experience in care-giving or managing a home, be healthy, and at least 18 years old. Agencies or individuals providing waiver services must document that they meet required standards and sign an agreement that they will adhere to these standards. Your case manager submits the Plan of Care (with the identified services and the providers you choose for each service) to the Family and Social Services Administration (FSSA). An FSSA Waiver Specialist reviews each Plan of Care to confirm its appropriateness based on the person's needs.

Your case manager monitors the delivery of the services on the approved plan to assure your needs are being met, and that you feel comfortable with the service provider. Your Plan of Care is reviewed quarterly by the case manager, and reassessed annually by the interdisciplinary team, but may be amended (changing services or providers) as frequently as necessary. The Bureau of Aging and In-Home Services monitors AAA plans and contracts, and conducts on site reviews of Area Agencies case management, consumer in home visits, and provider review files.

The Area Agencies monitor quality of services through their internal quality assurance process, the case management process and by insuring that licensed certified providers are used. DDARS also certifies waiver providers, conducts program reviews and fiscal audits, and investigates client complaints.

What Do You Do If You Have A Problem?

If you are having a problem with your service provider or case manager, talk with them first. If the issue is not resolved, speak with the head of the agency that employs that person. If you are having a problem with a service provider that you cannot resolve, ask your case manager for assistance. Your Area Agency may also be able to help resolve problems with service providers and independent case managers. If the Area Agency cannot resolve the problem or if the problem is with your Area Agency, call the Medicaid Waiver Unit at 1-800-545-7763 ext 2-7122.

In addition, people with developmental disabilities who are having problems with providers can call the local Bureau of Developmental Disabilities Office or the state Waiver Ombudsman at 1-800-622-4484. The Waiver Ombudsman will investigate and attempt to resolve complaints.

If Medicaid waiver users have problems that can't be otherwise resolved, there are several agencies outside FSSA and DDARS that may be of service:

- Adult Protective Services 1-800-992-6978, provides least restrictive intervention for adults who are endangered by abuse, neglect, or exploitation.

- Protection and Advocacy Services 1-800-622-4845, will investigate consumer complaints, assist in the appeals process, if needed, or take other action needed to resolve the problem.

- For assistance in processing your complaint you may want to contact a local or state advocacy organization such as an Independent Living Center or The Arc.

What Are Your Appeal Rights?

An appeals process is available to any person who is denied initial eligibility for a waiver. This same process is also the right of a person who has been eligible and receiving services but has eligibility taken away in the annual review process. You also have the right to appeal the denial of a specific waiver service, such as an assistive technology device or any part of a Plan of Care.

A waiver provider who decides to stop delivering a service to an individual must give a thirty day written notice to the person receiving service, the case manager and the state provider relations specialist. If proper notice is not given, the provider relations specialist should be notified by calling the Medicaid Waiver Unit Office.

Denial of non-waivered Medicaid services--referred to as "state plan" or "regular Medicaid" services--may also be appealed through a slightly different process.

If the state denies your eligibility for a program or service you will receive a notice of action. The notice of action will include the appeals procedure. It describes what should be sent with the written appeal, to whom it should be sent, and time lines. It is important to carefully follow the listed time lines. For example, in the case of the loss of eligibility, an appeal must be filed within 30 days; however, if you are currently receiving the benefit and you want the benefit to continue during the appeals process you must file "before the effective date of action". The effective date of action will be in the notice of action you receive.

If there are any doubts about the procedure, talk with your case manager, the Hearings and Appeal Section or Medicaid Waiver Unit of the Family and Social Services Administration (FSSA), or an advocacy organization such as Indiana Protection and Advocacy Services.

The state will schedule a hearing before an Administrative Law Judge and must send a written notice of the hearing at least ten days before the scheduled date. As the person who has filed an appeal, you have a right: to be represented at the hearing by legal counsel, advocate, friend, and/or relative; to review the entire case file prior to the hearing; to bring witnesses and cross-examine adverse witnesses; and to present evidence. Hearings are conducted in the office of the County Division of Family and Children (i.e., the county of the person requesting the appeal).

The decision of the Administrative Law Judge may be further appealed by requesting an "agency review". This consists of a review, by a Family and Social Services Administration designee, of the record from the hearing, and the Administrative Law Judge's decision, to determine if the decision was appropriate. No new evidence is accepted for the review; however, a "Memorandum of Law" summarizing the case may be submitted. To appeal the agency review decision, you must file for judicial review in a court.

For further information regarding your appeal rights, contact your case manager. You may also contact one of the advocacy agencies for more information or support on appeals or services. If you are in doubt, always request an appeal. The appeals process is the only way to preserve your rights under federal and Indiana administrative law.

Glossary

Activities of Daily Living (ADL)

A measurement of a person's degree of independence in dressing, bathing, eating, and moving from one place to another.

Area Agencies (AAA)

Also known as Area Agencies on Aging or "Triple A". Coordinates intake and case management for Medicaid waivers and CHOICE. Some Area Agencies have adopted names that better reflect their broader services which include people with disabilities of all ages.

Householder Services (formerly Alternative Families for Adults and Children)

Coordinated and funded by BDDS for adults and children with developmental disabilities. An individual lives with a householder who supports the person's supervision and personal care needs.

Bureau of Aging and In-Home Services (BAIHS)

A part of Family and Social Services Administration/DDARS. BAIHS administers Medicaid waivers, CHOICE, and other home and community-based services for people who have disabilities or are aging.

Bureau of Developmental Disabilities Services (BDDS)

The part of Family and Social Services Administration/DDARS that administers services for people with developmental disabilities.

Case Management

The coordination and monitoring of treatment and services.

Community-based care

Health and support services provided in an individual's residence in order to maintain or restore health, and participation in community activities to minimize the effects of illness and disability.

Conversion

For the purpose of the Medicaid waiver, the closing of a Medicaid funded facility or a portion of the facility, and the conversion of the facility's bed capacity to Medicaid waivers. The facility must have a closure or downsizing plan approved by the state in order to allow the funding to follow the person into the community.

DDARS

Division of Disability, Aging, and Rehabilitative Services, a part of FSSA.

Deinstitutionalization

Policy which describes the provision of supportive care and treatment for medically and socially dependent individuals in the community rather than in an institutional setting.

Developmental Disability (DD) Definition- DDARS

A severe, chronic disability which: 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; 2) is manifested before the person attains age 22; 3) is likely to continue indefinitely; 4) results in substantial limitations in three or more of the following seven areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self sufficiency; and; 5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care treatments or services which are of lifelong or extended duration, and are individually planned and coordinated. All criteria must be met in order for a person to be eligible for developmental disability (DD) services from BDDS.

Developmental Disability (DD) - ICF/MR Level of Care Definition

For the purposes of level of care eligibility for the ICF/MR or Autism waivers the definition is as follows: 1) Mental retardation, autism, epilepsy, cerebral palsy or a condition (other than mental illness) similar to mental retardation that results in impairment of functioning similar to that of a mentally retarded person. (see DDARS above: 2); same 3); same and 4); same except that there are six life areas (economic self sufficiency is not included) The condition must result in the person requiring *24-hour supervision and needing lifelong or for an extended duration, an aggressive program of both specialized and generic services, individually planned and coordinated by an interdisciplinary team, and intended to promote greater self-determination and functional independence. *People must require access to 24 hour assistance

as needed. This can be provided through emergency beepers, telephone systems or in other ways.

Department of Education (DOE)

The Division of Special Education is under this agency.

Disability

Any limitation of physical, mental, or social activity of an individual as compared with other individuals of similar age, sex, and occupation. Frequently refers to limitation of a person's usual or major activities, most commonly vocational. There are varying types (functional, vocational, learning), degrees (partial, total), and durations (temporary, permanent) of disability. Public programs often provide benefits for specific disabilities, such as total and permanent.

Foster Care:

Specialized foster care home programs designed for people with developmental disabilities.

FSSA

Family and Social Services Administration, an agency of the State of Indiana.

Habilitation

For people with DD. See rehabilitation, in the glossary, for a list of the types of services that may be provided to a person.

Health Care Financing Administration (HCFA)

The federal agency within the Department of Health and Human Services which directs the Medicare and Medicaid programs (Titles XVIII and XIX of the Social Security Act), and conducts research to support those programs. HCFA approves all waivers and waiver amendments.

Individual Community Living Budget (ICLB)

A Bureau of Developmental Disabilities (BDDS) form that obligates state line item dollars, for residential, employment, and/or habilitation services needed to supplement the other supports and/or income the person receives. It's a financial agreement between the individual, the provider, and BDDS.

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)

A facility in which individuals with developmental disabilities live together. There is 24 hour supervision by paid staff who provide assistance and training to help residents develop daily living skills, with programming for each individual's needs. These residences may be large, state or privately operated facilities, or group homes for 4 to 8 residents (small ICF/MRs).

IPP

Individual Program Plan, also IHP (Habilitation), IRP (Rehabilitation), IFSP (Family Support) etc. There are many different kinds of individual plans (IP).

Medicaid (Title XIX)

A Federally aided, state-operated and administered program which provides medical benefits for certain low-income persons in need of health and medical care. The program, authorized by Title XIX of the Social Security Act does not cover all of the poor however, but only persons who meet specified eligibility criteria. Subject to broad federal guidelines, states determine the benefits covered, program eligibility, rates of payment for providers, and methods of administering the program.

Medicaid Waiver Unit

The part of the Bureau of Aging and In-Home Services, FSSA/DDARS, which is responsible for daily management of the Medicaid waiver program. It certifies waiver providers.

Medically Needy

Persons who are categorically eligible for Medicaid and whose income, less accumulated medical bills, is below state income limits for the Medicaid program. See spend down.

MR

An abbreviation for "mental retardation".

Nursing Facility

An institution licensed to provide around the clock intermediate and skilled health related care and services to people

who don't require the degree of care or treatment provided by a hospital. The term includes free-standing institutions, or identifiable components of other health facilities which provide nursing care and related services, personal care, and residential care, but not boarding homes.

OMPP

Office of Medicaid Policy and Planning, a part of Family and Social Services Administration. Determines level of care for Intermediate Care Facilities for Mentally Retarded (ICF/MR), waivers, and nursing homes. It is responsible to HCFA for oversight of the Medicaid waiver program.

Protection and Advocacy Services

A state agency that assists people with disabilities to resolve disability related problems, including problems with the service delivery system.

Provider

A generic term describing any individual, organization or company enrolled to provide services. Qualifications vary depending on the type of service provided.

Residential Living Allowance

An amount of state obligated funds allowed in the Individual Community Living Budget for an individual with developmental disabilities living expenses.

Rehabilitation

The coordinated use of medical, social, educational, and vocational measures for training or retraining individuals disabled by disease or injury to the highest possible level of functional ability. Several different types of rehabilitation are distinguished: vocational, social, psychological, medical, and educational.

Section 8 Rent Subsidy

For individuals on a limited income, rent subsidies, such as Section 8 vouchers, may be available through local housing authorities. These subsidies allow people with limited income to live in an integrated environment in a regular apartment building. People from communities that do not have local housing authorities should contact the state Section 8 Housing Manager at 1-800-345-7763 ext. 2-7059.

Spend Down

The amount of your income you have to spend on health care each month before you can use Medicaid. The amount of spend down is based on a person's income.

Supported Living

People live, with personalized supports, in their own homes or apartments (with or without housemates), with the goal of not only living independently in the community, but establishing a sense and security of "place", and personal control over their homes and the assistance they require. Supported living assumes that everyone can live in a home of his/her own, if given appropriate support, and that everyone can learn most easily in the actual environment.

TheArcLink

www.TheArcLink.org provides information and resources to families and people with developmental disabilities. It provides a comprehensive data base of approved providers, service coordinators, and how to apply for services.

Traumatic Brain Injury (TBI)

For the purpose of the Medicaid waiver, TBI is an injury to the brain resulting from an outside cause, including closed or open head injuries, toxic chemical reactions, anoxia, near drowning, and focal brain injuries. TBI does not include injuries that are vascular in origin (CVA or aneurysm), alcoholism, Alzheimer's Disease or the infirmities of aging. As a result of the TBI, the person shows serious physical, cognitive, emotional or behavioral impairments.

Waiver

Policy which waives' or exempts specific traditional Medicaid requirements allowing access to medical treatment and other programs in community-based settings in lieu of institutionalization.

Your Area Agency On Aging Office

To contact your local Area Agency toll free, dial 1-800-986-3505

Map: <http://www.ai.org/fssa/HTML/PROGRAMS/AAAmap.htm>

Area 1

Area 1 Agency on Aging
LCEOC, Inc.
5518 Calumet Ave.
Hammond, IN 46320
(219) 937-3500 or (800) 826-7871
Fax (219) 932-0560 or -5501
lceoc@netnico.com

Area 2

Area 2 Agency on Aging
REAL Services, Inc.
1151 S. Michigan St. P.O. Box
1835
South Bend, IN 46634-1835
(219) 233-8205 or (800) 552-2916
Fax (219) 284-2642
Bzaseck@realservicesinc.com

Area 3

Aging and In-Home Services
of Northeast Indiana, Inc.
201 E Rudisill Blvd., # 208
Fort Wayne, IN 46806-1756
(219) 745-1200 or (800) 552-3662
Fax (219) 456-1066
aginginhome@aginghomeservice.com

Area 4

Area IV Agency on Aging &
Community Action Programs Inc.
660 N. 36th Street, P.O. Box 4727
Lafayette, IN 47903-4727
(765) 447-7683 or (800) 382-7556
TDD(765)447-3307;Fax 447-6862
swood@areaivagency.org

Area 5

Area Five Agency on Aging
& Community Services, Inc.
1801 Smith Street, Suite 300
Logansport, IN 46947-1577
(219) 722-4451 or (800) 654-9421
Fax (219) 722-3447
mmeagher@areafive.com

Area 6

LifeStream Services, Inc.
1701 Pilgrim Blvd., P.O. Box 308
Yorktown, IN 47396-0308
(765) 759-1121 or (800) 589-1121
TDD(800)589-1121;Fax 759-0060
area6@ecicnet.org www.area6.org

Area 7

Agency on Aging and Disabled
West Central Indiana Economic
Development District, Inc.
1718 Wabash Ave., P.O. Box 359
Terre Haute, IN 47808-0359
(812) 238-1561 or (800) 489-1561
TDD (800) 489-1561
FAX (812) 238-1564
wciedd@abcs.com

Area 8

CICOA The Access Network
4755 Kingsway Drive, Suite 200
Indianapolis, IN 46205-1560
(317) 254-5465 or (800) 489-9550
TDD (317) 254-5497
FAX (317) 254-5494
detienne@cicoa.org

Area 9

Area 9 In-Home
& Community Services Agency
520 South 9th St., Suite 100
Richmond, IN 47374-6230
(765) 966-1795, (765) 973-8334 or
(800) 458-9345 FAX (765)
962-1190
ashepher@indiana.edu
www.iue.indiana.edu/area9

Area 10

Area 10 Agency on Aging
7500 W. Reeves Road
Bloomington, IN 47404
(812) 876-3383 or (800) 844-1010
FAX (812) 876-9922
area10@bloomington.in.us
www.bloomington.in.us/~area10

Area 11

Aging & Community Services
of South Central Indiana, Inc.
1635 N. National Rd.,
P.O. Box 904
Columbus, IN 47202-0904
(812) 372-6918
FAX(812) 372-7846
areaxi@iquest.net

Area 12

Area 12 Council on Aging
& Community Services, Inc.
13091 Benedict Drive
Dillsboro, IN 47018
(812) 432-5215 or (800) 742-5001
FAX (812) 432-3822
area12@area12.com

Area 13

Generations
Vincennes University
Community Services
P.O. Box 314
Vincennes, IN 47591
(812) 888-4292 or (800) 742-9002
TDD (812) 888-5762
FAX (812) 888-4566
gen@vunet.vinu.edu

Area 14

LifeSpan Resources, Inc.
P.O. Box 995, 426 Bank Street
New Albany, IN 47151-0995
(812) 948-8330; FAX (812)
948-0147
www.venus.net~cfdir/coa

Area 15

Hoosier Uplands/Area 15 Agency
on Aging and Disability Services
521 West Main Street
Mitchell, IN 47446
(812) 849-4457
(800) 333-2451
TDD (800)743-3333
FAX (812) 849-4467
huedc66@tima.com
www.huedc.com

Area 16

Southwestern Indiana
Regional Council on Aging, Inc.
16 W. Virginia St., P.O. Box 3938
Evansville, IN 47737-3938
(812) 464-7800 or (800) 253-2188
FAX (812) 464-7843 or (812)
464-7811
swirca@swirca.org
swirca.org

Your Bureau Of Developmental Disabilities Office

Central Office

Indianapolis
P. O. Box 7083
Indianapolis, IN 46207-7083
(317) 232-7842
Fax: (317) 233-2320

District 1

Merrillville
5800 Broadway, Suite P
Merrillville, IN 46410
(219) 887-0503
Fax: (219) 985-8652

District 2

South Bend
215 S. St. Joseph St., Suite 401
South Bend, IN 46601-2022
(219) 232-1412
Fax: (219) 287-5482

District 3

Fort Wayne
219 W. Wayne St.
Fort Wayne, IN 46802
(219) 423-2571
Fax: (219) 424-2830

District 4

Greencastle
608 Tennessee St
Greencastle, IN 46135
(765) 653-2468
Fax: (765) 653-7152

District 5

Indianapolis
4701 N. Keystone, Suite 200
Indianapolis, IN 46205-1541
(317) 254-2065
Fax: (317) 254-2075

District 6

Muncie
1100 Martin Luther
King Blvd, Suite 4
Muncie, IN 47304
(765) 288-6516
Fax: (765) 288-8529

District 7

Evansville
700 E. Walnut St.
Evansville, IN 47713
(812) 423-8449
Fax: (812) 428-4146

District 8

Clarksville
P. O. Box 2517
1452 Vaxter Ave
Clarksville, IN 47131-2517
(812) 283-1040
Fax: (812) 285-9533

District 8

Seymour
200 E. Third St.
P. O. Box 930
Seymour, IN 47274-0930
(812) 522-5859
Fax: (812) 523-1160

District 9

Surrounding Marion County
4701 N. Keystone, Suite 200
Indianapolis, IN 46205-1541
(317) 254-2065
Fax: (317) 254-2075 March 2000

For Further Information Please Contact:

Family & Social Services Administration (FSSA)

website: <http://www.state.in.us/fssa/>

The FSSA website links to the four state agencies below:

1. Bureau of Developmental Disabilities, FSSA

402 West Washington Street, Room W453

Indianapolis, IN 46207

(317) 232-7842

(800) 545-7763 ext 2-7842

<http://www.ai.org/fssa/HTML/PROGRAMS/2bDDS.html>

2. Medicaid Waiver Unit, FSSA

402 W. Washington Street

P.O. Box 7083

Indianapolis, IN 46207-7083

(317) 232-7122

(800) 545-7763 ext. 2-7122

3. Hearing and Appeals, FSSA

402 W. Washington Street, Room W392

P.O. Box 7083

Indianapolis, IN 46204-2739

(800) 545-7763 ext 2-4411

(317) 232-4411 or 232-4405

(317) 232-4623 (Agency Review)

(317) 232-4412 (Fax)

4. Office of Medicaid Policy and Planning

402 W. Washington Street, Room W382

Indianapolis, IN 46204-2739

(800) 545-7763 (ask for OMPP)

(317) 232-6760 (ICF/MR & Autism Level of Care)

(317) 232-3558 (A&D, MFC, & TBI Level of Care)

Independent Living Centers (ILC)

ILC's are consumer directed/controlled. ILC's assist people with peer support, self help, self determination, equal access and individual and system advocacy. Information on the locations of ILCs is available at <http://www.state.in.us/fssa/HTML/DIRECTORY/ILcenters.html> or by calling (800) 545-7763 ext 2-1367

IPIN (Indiana Parent Information Network)

4755 Kingsway Drive, Suite 105

Indianapolis, IN 46205

(317) 257-8683

(800) 964-IPIN

FamilyNetw@aol.com

<http://www.state.in.us/ipin/>

Indiana Protection & Advocacy Services

4701 N. Keystone, Suite 222

Indianapolis, IN 46205

(317) 722-5555

(317) 722-5564 (Fax)

(800) 622-4845 (Voice)

(800) 838-1131 (TTY only)

info@ipas.state.in.us

www.state.in.us/ipas/

The Arc of Indiana

22 E. Washington Street, Suite 210

Indianapolis, IN 46204

(317) 977-2375

(317) 977-2385 (Fax)

(800) 382-9100

jdickerson@iquest.net

TheArcLink

<http://www.thearclink.org/>

Indiana Governor's Planning Council for People with Disabilities

143 West Market Street, Room 404

Indianapolis, IN 46204

Voice: (317) 232-7770

TTY: (317) 232-7771

Fax: (317) 233-3712

email: GPCPD@in.net

<http://www.state.in.us/gpcpd/>